

CUMBERLAND COUNTY YMCA

*Greater Portland Branch, Casco Bay Regional Branch,
YMCA at Pineland Branch & Otter Pond Camp Branch*



APPLICATION FOR EMPLOYMENT

Equal Opportunity/ Affirmative Action Employer.

The Cumberland County YMCA prohibits discrimination against any individual on the basis of race, religion, color, sex, age, national origin, physical or mental disability, sexual orientation, or veteran status.

NAME _____

DATE: _____



PERSONAL

Name: _____ Social Security Number: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Current Address: _____
Street Name/Number City State Zip

Previous Address: _____
Street Name/Number City State Zip

Email Address: _____

Are you a U.S. Citizen or legally authorized to work in the U.S.? (Proof of citizenship/work authorization will be required prior to beginning work) Citizenship: US Citizen/Permanent Resident Non-Immigrant Visa: _____ Other _____

Do you have a relative employed at the YMCA? yes No

Have you ever been employed by a YMCA? yes No

If so, Where and When? _____

If you have reviewed a job description, please answer the following: are you capable, with or without reasonable accommodations, of performing the essential functions of the job for which you are applying? _____

Have you ever been convicted of a felony? yes No (If yes, please explain in the comments section)

POSITION DESIRED

Type of Position Desired

First Choice _____ Second Choice _____

Date Available _____ Salary Desired _____ Full-Time Part Time
 Temporary

What prompted your application?

Advertisement Employee Referral Agency College Referral Other

Please Specify _____

**EMPLOYMENT HISTORY (Begin with most recent position)
Complete Regardless of Attachments – DO NOT USE “See Resume”**

Employer (complete name) _____

Address _____
Street City State Zip

Employment Dates _____ Starting Wage _____ Hour Week Month Year
Ending Wage _____ Hour Week Month Year

Reason for Leaving _____

Job Title _____ Immediate Supervisor _____ Shift _____

May we contact your employer? _____ Yes No Phone Number _____

Description of Duties (use comment section if additional space is needed)

**EMPLOYMENT HISTORY (Begin with most recent position)
Complete Regardless of Attachments – DO NOT USE “See Resume”**

Employer (complete name) _____

Address _____
Street City State Zip

Employment Dates _____ Starting Wage _____ Hour Week Month Year
Ending Wage _____ Hour Week Month Year

Reason for Leaving _____

Job Title _____ Immediate Supervisor _____ Shift _____

May we contact your employer? _____ Yes No Phone Number _____

Description of Duties (use comment section if additional space is needed)

EMPLOYMENT REFERENCES

Please let business references we may contact that are best qualified to evaluate your work experience.

Name _____ Business Relationship _____

Business Address _____
Street City State Zip

Years Known _____ Phone Number (____) _____

Name _____ Business Relationship _____

Business Address _____
Street City State Zip

Years Known _____ Phone Number (____) _____

Name _____ Business Relationship _____

Business Address _____
Street City State Zip

Years Known _____ Phone Number (____) _____

AGREEMENT

This application is not complete until the following statement has been Read and Signed:
I certify that all the information furnishes on this form is true, complete, and correct to the best of my knowledge. I understand that such information is subject to verification. I understand and agree that any material misrepresented or facts deliberately omitted in my application may be justified for refusal of employment, or termination if employed.

All information will be confidential-----Either party may terminate employment at will

Signature

Date

ADDITIONAL COMMENTS/INFORMATION

